

U.S. Representative Bill Shuster

INTERNSHIP APPLICATION

Date: _____

Name: _____ Age: _____

Present Address: _____

E-mail Address: _____

Present Phone Number: (____) ____ - ____ Mobile Phone Number: (____) ____ - ____

Permanent Address: _____

Permanent Phone: (____) ____ - ____

School: _____ Year / Semester Standing: _____

Major / Minor: _____ GPA: ____ / ____

Expected Graduation Date: _____

Extracurricular Activities: _____

Computer Skills: _____

Which office?	Semester	Year
Washington, D.C. office _____	Fall _____	_____
	Spring _____	_____

Hollidaysburg, PA office _____

Summer _____

Please return this application, your resume, and cover letter to:

**Christopher Gindlesperger
Intern Coordinator**

**Office of Congressman Bill Shuster U.S. House of Representatives 1108 Longworth House
Office Building Washington, DC 20515**